

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	SEAG 48089
First Named Inventor	Michael A. Seigler
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR MAKING A MAGNETORESISTIVE SENSOR

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 366(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20503.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name **Robert P. Lenart, Esquire**

Address **Pietragallo, Bosick & Gordon
One Oxford Centre, 38th Floor, 301 Grant Street**

City **Pittsburgh**

State **PA**

ZIP **15219**

Country **US**

Telephone **412-263-4399**

Fax **412-261-0915**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) **Michael Allen**

Family Name or Surname **Seigler**

Inventor's Signature

Michael Allen Seigler

Date **7-25-01**

Residence: City **Pittsburgh**

State **PA**

Country **US**

Citizenship **US**

Mailing Address **427 Arden Road**

City **Pittsburgh**

State **PA**

ZIP **15216**

Country **US**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) **Petrus Antonius**

Family Name or Surname **Van Der Heijden**

Inventor's Signature

P. Heijden

Date **7/25/01**

Residence: City **Jefferson Hills**

State **PA**

Country **US**

Citizenship **Netherlands**

Mailing Address **1370 Village Green Drive**

City **Jefferson Hills**

State **PA**

ZIP **15025**

Country **UA**

☒ Additional inventors are being named on the 1 supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Andrew Robert		Eckert	
Inventor's Signature <i>Andrew Robert Eckert</i>		Date <u>7-25-01</u>	
Residence: City <u>Pittsburgh</u>	State <u>PA</u>	Country <u>US</u>	Citizenship <u>US</u>
Mailing Address <u>125 Calmont Drive</u>			
Mailing Address			
City <u>Pittsburgh</u>	State <u>PA</u>	ZIP <u>15235</u>	Country <u>US</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/61 (02-01)

Approved for use through 10/31/2002, OMB 0851-0038

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Michael Allen Seigler
Title	METHOD FOR MAKING A *
Group Art Unit	
Examiner Name	
Attorney Docket Number	SEAG 48089

* MAGNETORESISTIVE SENSOR

I hereby appoint:

☒ Practitioners at Customer Number

29694

Place Customer
Number Bar Code
Label here

OR
☒ Practitioner(s) named below:

Name	Registration Number
Carol L. Bordas	37,284

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The above-mentioned Customer Number.

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☒ Firm or
Individual Name

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City

Pittsburgh

State

PA

Zip

15219

Country

US

Telephone

412-263-4399

Fax

412-261-0915

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

SIGNATURE of Applicant or Assignee of Record

Name

Michael Allen Seigler

Signature

Michael Allen Seigler

Date

7-25-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

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PTO/SB/61 (02-01)

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Petrus Antonius Van Der Heijden

Signature

P. Van Der Heijden
7/25/01

Date

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PTO/SB/21 (02-01)

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Examiner Name	
Attorney Docket Number	SEAG 48089

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

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Name

Andrew Robert Eckert

Signature

Andrew Robert Eckert

Date

7-25-01

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